

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 29 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004883

1. Corporation Name

KMAD CLUB, INC.

Principal Place of Business

1005 NW 7TH AVE.
HALLANDALE FL 33009

Mailing Address

1005 NW 7TH AVE. PM
HALLANDALE FL 33009

08/22/00 90220 012 \$61.25



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1999

5. FEI Number

65-0957010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MOORE, ROZANNA	1859 N PINE ISLAND ROAD STE 355	PLANTATION FL 33322
D	LOTMORE, ELSIE E	8200 SW 22 STREET	POMPANO BEACH FL 33068
D	RICHARDSON, TARISHA L	8815 SW 52 AVE APT B204	HOLLYWOOD FL 33023
P	MOORE, Rozanna	5740 Rock Island Rd.	Plantation FL 33322
D	Sanders, Anthony	1005 Nw 7th Ave.	Hallandale, FL 33319

8. Name and Address of Current Registered Agent

MOORE, ROZANNA
1859 N PINE ISLAND ROAD STE 355
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name: Rozanna Moore, Rozanna
Street Address (P.O. Box Number is Not Acceptable):
5740 Rock Island Road
Suite, Apt. #, Etc.: Apt. #288
City: Tamarac
State: FL
Zip Code: 33319

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/23/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 - 954-536-9699

Date

Daytime Phone #

CR2E040 (800)

KMAD CLUB, INC

1005 NW 7TH Ave.
Hallandale, FL 33009

January 19, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:


Please be advised that I did not receive any letter from the Department of Corporations requesting additional information on KMAD Club Inc. after I filed the 1999 Annual Report. The only document I received was a Notice of Administrative Dissolution or Revocation.

Enclosed please find my check in the amount of \$61.25 for 2000 Annual Report Filing Fee for KMAD Club, Inc.

I would like to request that KMAD Club, Inc., be reinstated to Active Status.

Thank you for your kind and immediate attention to the above.

Yours truly,



Rozanna Moore
President